



1740 E 17<sup>TH</sup> ST, SUITE A • Idaho Falls, ID 83401 • 208.346.7500 • fax 208.346.7501

**Executive Director**

Thana Singarajah, Ed.D.,  
LCPC, NCC  
Clinical Asst. Professor, ISU

**Child & Adolescent Psychiatry**

Craig Denny, M.D., ASCP

**Medical & Psychiatric  
Services**

Stephen DeNagy, M.D., ASCP  
Medical Director  
Behavioral Medicine Specialist  
Certified in Clinical  
Psychopharmacology  
And Internal Medicine, ABIM

August 11, 2010

To Mark Turner, M.D:  
Medical Director  
Idaho State Medicaid

I completely agree with your efforts to encourage science based medicine with regards to psychopharmacology.  
Currently only two medication have FDA approval for the treatment of major depression in children.

I am writing this letter in support of retaining the few choices we have. In some patients Lexapro may be indicated above Prozac and it would be reasonable to use Lexapro as a 1<sup>st</sup> choice.

Thank you for your attention.

Sincerely,

Craig Denny, M.D.  
Board Certified  
Child & Adult psychiatrist



August 11, 2010

Pharmacy & Therapeutics Committee  
Attention: Tami Eide, Pharm.D.  
3232 Elder St  
Boise, ID 83705

To Whom It May Concern:

I am writing in regards to the upcoming meeting of the Idaho Medicaid formulary regarding biologic agents. As a practicing board certified rheumatologist, I can attest to the fact that the biologic agents have made a remarkable difference in the lives of my patients with rheumatic disease that has not responded to conventional DMARD agents. Over the last decade, there has been an exponential increase in the knowledge regarding immune system dysfunction and subsequent development of targeted biologic therapeutic agents. These include new mechanisms of action, involving T and B cell activation and interleukin blockade. However, the anti TNF agents, which include Enbrel, Humira, Remicade, Cimzia, and Simponi, remain a cornerstone of therapy. It is well known that patients may have an initial effective response with one anti TNF agent which can subsequently wane. However, switching to another anti TNF agent can provide benefit. In addition, lack of efficacy to one anti TNF agent does not exclude the possibility that another anti-TNF agent can be very effective. I am writing to ask that the Medicaid formulary provide a level access to the biologic agents, including all the anti-TNF agents. This will allow physicians to have a greater armamentarium at their disposal to adequately treat rheumatic disease so that their patient's quality of life and health will improve.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Dingman'.

Achini Perera Dingman, MD FACR FACP